Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

Ellective October 1, 2000									<u>()91</u>	6	1806	,
		CLAIMS AS	(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			·				Г	RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS								X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	:
* If the difference in column 1 is less than zero, enter '					r "0" in c	olumn 2		ΓΟΤΑL		OR	TOTAL	210
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)						(Column 3)	5	SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	T CL ASSA	=		X40=		OR	X80=	
لـــا	FINO PRESE	NIAHON OF MI	ULTIPLE DEF	CINDEN	CLAIM			+135=		OR	+270=	
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	1					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AILA	=		X40=		OR	X80=	
	THOI PHESE	NTATION OF M	OLITE DEF	CINDEN	CLAIM		\ \ \ \ .	+135=		OR	+270=	
								TOTAL DIT. FEE			TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								OII. FEE		•	AUUH, FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	***	NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	· · · · · · · · · · · · · · · · · · ·	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus ***		T O ! A !! :	-		X40=		OR	X80=	
ا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							⊦ 135=			+270=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL	
	If the "Highest Nu If the "Highest Nu	" AD	TOTAL DIT. FEE		OR	ADDIT. FEE						

(Rev. 8/00)